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Bambi Fairre Walters, PC  
PO Box 5743 •  
Williamsburg, VA 23183

JAN 07 2005

To:	Art Unit 2611 ATTN: Joseph G Ustaris	Fax:	703-872-9306
From:	Bambi Walters	Date:	1/7/2005
Re:	<p>(1) Transmittal;</p> <p>(2) Petition for Three Month Extension of Time (in Amendment &amp; Response);</p> <p>(3) Fee Transmittal &amp; Credit Card Payment Form; and</p> <p>(4) Response to July 8, 2004 Office Action</p>		
<p>Serial No. 09/496,825</p> <p><input type="checkbox"/> For Review    <input type="checkbox"/> Please Comment    <input type="checkbox"/> Please Reply    <input type="checkbox"/> Please Recycle</p>			

Please feel free to contact me should there be any problems with the transmission or if you would like to discuss anything further.

Thank you, Bambi 

757-253-5729 (Office)  
757-784-1978 (Mobile)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)  Total Number of Pages in This Submission: 34	Application Number	09/496,825
	Filing Date	02/01/2000
	First Named Inventor	Edward Rowland Grauch
	Art Unit	2611
	Examiner Name	Joseph G Ustaris
	Attorney Docket Number	BS95003 CON

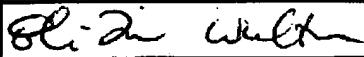
JAN 07 2005

**ENCLOSURES**

(Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet
Remarks:		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature			
Date	January 7, 2005		

**CERTIFICATE OF TRANSMISSION / MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (Print/Type)	Bambi Faivre Walters	Date	January 7, 2005
Signature			

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0551-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 1,270.00)

**Complete if Known**

Application Number	09/496,825
Filing Date	02/01/2000
First Named Inventor	Edward Rowland Grauch
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**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

**Small Entity**

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	1	x	= \$50.00			

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	1	x	= \$200.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =		/ 50 = (round up to a whole number) x		=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Three Month Extension of Time

Fee Paid (\$)

\$1,020.0

**SUBMITTED BY**

Signature	<i>Bambi Felvre Walters</i>	Registration No. (Attorney/Agent) 45,197	Telephone 757.253.5729
Name (Print/Type)	Bambi Felvre Walters	Date January 7, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.  
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# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)

1,270.00

**Complete If Known**

Application Number

09/498,825

Filing Date

02/01/2000

First Named Inventor

Edward Rowland Grauch

Examiner Name

Joseph G Ustaris

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Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

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Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
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**FEE CALCULATION**

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES**

Fee Description

Each claim over 20 (including Reissues)  Fee (\$): 50  Fee (\$): 25  
 Each independent claim over 3 (including Reissues)  Fee (\$): 200  Fee (\$): 100  
 Multiple dependent claims  Fee (\$): 360  Fee (\$): 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee (\$)
- 20 or HP =	1	x	= \$50.00		

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Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee (\$)
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- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Three Month Extension of Time

Fee Paid (\$)

\$1,020.0

**SUBMITTED BY**

Signature	<i>Bambi Fairve Walters</i>	Registration No. (Attorney/Agent) 45,197	Telephone 757.253.5729
Name (Print/Type)	Bambi Fairve Walters		Date January 7, 2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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P.5

U.S. Patent Application No. 09/496,825 Examiner Ustaris, Art Unit 2611  
Response to July 8, 2004 Office Action

Further, none of the references cited by the Examiner, alone or in combination, disclose or suggest the claimed invention. Therefore, Assignee respectfully solicits a Notice of Allowance for all pending claims (claims 1-24).

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ABANDONMENT +  
RESPONSE,  
PAGE 27

AUTHORIZATION FOR PAYMENT OF FEES &  
REQUEST FOR AN EXTENSION OF TIME

The total number of claims is now 24. The Assignee includes \$250 for new claim 24 -- \$200 for the excess independent claim and \$50 for the excess claim of twenty.

Assignee respectfully requests an additional three month extension of time fee for the Response to the July 8, 2004 Office Action Filed on January 7, 2005. Assignee submits payment for a three month extension of time to respond to the July 8, 2004 Office Action from October 8, 2004 to the three month extension of January 8, 2005.

Description of Fee	Amount
Excess independent claim over three	\$200.00
Excess claim over twenty	\$50.00
Three Month Extension of Time Fee	\$1,020.00
<b>Total</b>	<b>\$1,270.00</b>

The Assignee, therefore, includes a Credit Card Payment Form PTO-2038 for \$1,270.00. If there are any other fees due in connection with the filing of this response, please charge the fees to the credit card on file. If a fee is required for an extension of time under 37 C.F.R. 1.136 not accounted for above, such an extension is requested and the fee should also be charged to the credit card on file.

01/10/2005 BBONNER 0000003 09496825

01 FC:1201 200.00 0P  
02 FC:1202 50.00 0P  
03 FC:1253 1020.00 0P